2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Mar 18, 2007
Secretary of State

DOCUMENT# N99000005058

Entity Name: PET AID SERVICE SOCIETY, INC.

Current Principal Place of Business:

9105 RIDGE RD
NEW PORT RICHEY, FL 34654

New Principal Place of Business:

Current Mailing Address:

9105 RIDGE RD
NEW PORT RICHEY, FL 34654

New Mailing Address:

FEI Number: 59-3595839 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

MCCONKEY, MARJ
9229 WOOD DRIVE
HUDSON, FL 34667 US

Name and Address of New Registered Agent:

MCCONKEY, WALTER
9229 WOOD DRIVE
HUDSON, FL 34667 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: WALTER NORMAN MCCONKEY 03/18/2007
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: MCCONKEY, MARJ
Address: 9229 WOOD DRIVE
City-St-Zip: HUDSON, FL 34667

Title: VD ( ) Delete
Name: MCCONKEY, WALTER N
Address: 9229 WOOD DRIVE
City-St-Zip: HUDSON, FL 34667

Title: STD ( ) Delete
Name: MANIATES, MARIAN
Address: 7741 JUDITH CRESENT ST
City-St-Zip: PORT RICHEY, FL 34668

Title: TD (X) Delete
Name: LEVY, JOAN
Address: 9510 RICHWOOD LANE
City-St-Zip: PORT RICHEY, FL 34668

Title: TD (X) Delete
Name: PSETAS, GEORGE C
Address: 10816 US HIGHWAY 19
City-St-Zip: PORT RICHEY, FL 34668

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: MCCONKEY, WALTER N
Address: 9229 WOOD DRIVE
City-St-Zip: HUDSON, FL 34667

Title: VD (X) Change ( ) Addition
Name: MCCONKEY, BACH YEN H
Address: 9229 WOOD DRIVE
City-St-Zip: HUDSON, FL 34667

Title: STD (X) Change ( ) Addition
Name: LEVY, JOAN
Address: 9510 RICHMOND LANE
City-St-Zip: PORT RICHEY, FL 34668

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WALTER NORMAN MCCONKEY PD 03/18/2007
Electronic Signature of Signing Officer or Director Date